



Viatical Settlement Provider License Application

Important Notice: Disclosure of this information is **required** under the Illinois Revised Statutes' insurance laws. Failure to provide this information will result in this form not being processed. This form has been approved by the Forms Management Center.

Fee Requirement: Attach a check or money order for \$3,000 payable to the Director of Insurance.

Name of Applicant		Tax or Social Security #	
Business Address		City, State, Zip	
Telephone #	Toll-Free #	Fax #	
Contact Person		Phone # (if different than above)	
<p>(Check one)</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Individual <input type="checkbox"/> Other</p> <p>If corporation, are you authorized by the Secretary of State's office to transact business in this state as either a domestic or foreign corporation? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>Resident Status:</p> <p>(Check one)</p> <p><input type="checkbox"/> Resident of Illinois <input type="checkbox"/> Non-Resident of Illinois <input type="checkbox"/> Alien (outside of the USA)</p> <p>Submit affidavit that applicant is not financially owned or controlled by a foreign government.</p>			
		Yes	No
		n	n
1. Has the applicant or partner, any officer or director been refused a license to act as a Viatical Settlement Provider, or has a license to act as such ever been denied, suspended, revoked or surrendered for any disciplinary reasons in any state either as an individual or as a member of a viatical settlement provider? If "yes," attach a copy of the order and other applicable documents.			
2. Has the applicant, any partner, officer or director been convicted of any misdemeanor of which criminal fraud is an element, or of a felony?			
3. Submit a copy of each form of viatical settlement application, disclosure form and contract to be used in Illinois.			
4. Please submit a detailed plan of operations. Your response must include each of the following, but is not limited to:			
<p>a. A list of all the parent and affiliated entities of the applicant and provide an organizational chart showing the relationship of the applicant to any parent, affiliated, or subsidiary entities.</p> <p>b. A list of the names, business addresses and job titles/positions of applicant's partners, directors, officers, and key management personnel, or other designated persons intending to operate under this license. (Persons authorized to enter into viatical settlement contracts on behalf of the provider.)</p> <p>c. Identity of any person who has a beneficial interest or ownership of more than 10% of the applicant or the applicant's stock. Specify name, address, title and the corresponding percentage of ownership.</p> <p>d. A list of the name and address of any licensed financial institutions where the applicant has established an escrow account.</p> <p>e. Explain applicant's procedures for keeping all medical information confidential.</p>			

If the applicant is not a resident of the State of Illinois or other than an Illinois corporation:

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned desiring to transact the business of a non-resident Viatical Settlement Provider in the State of Illinois in conformity with the laws thereof, does hereby make, constitute and appoint the Director of Insurance of the State of Illinois, and his successor or successors in office, the true and lawful attorney in and for the State of Illinois, on whom all process of law against said applicant may be served in any action or proceeding against said licensee in the State of Illinois, subject to and in accordance with all the provisions of the laws of the State of Illinois now in force, and such other laws as may hereafter be enacted in relation thereto. The said attorney is hereby duly authorized and empowered, as agent of said licensee, to receive and accept service of process in all cases as provided by the laws of the State of Illinois, and such service shall be deemed personal service on said licensee, and shall be of the same legal force and validity, as if served on said licensee; and said licensee hereby waives all claims of error by reason of such service. This appointment shall continue in force irrevocably so long as any liability of the licensee in the State of Illinois shall remain outstanding because of having done business under said license.

Declaration

I, the undersigned, declare under penalties of revocation or refusal of license that the statements made in this application are true, correct and complete to the best of my knowledge and belief.

Signature

Date

Printed Name and Title

Signature

Date

Printed Name and Title

Signature

Date

Printed Name and Title

Signature

Date

Printed Name and Title